

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 16, 2009

Denise Hunt, RN, MFT Director Stanislaus County Behavioral Health And Recovery Services 800 Scenic Drive Modesto, CA 95350

Dear Ms. Hunt:

#### AUDIT REPORT - STANISLAUS COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Stanislaus County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$17,702,187	\$17,093,067	\$ (609,120)
Federal Share of Healthy Families	\$ 410,538	\$ 399,141	\$ (11,396)
State General Funds EPSDT Due State	\$ 4,354,772	\$ 4,302,381	\$ (52,391)

Denise Hunt, RN, MFT, Director January 16, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

Enclosures

**CERTIFIED MAIL** 

cc: Laurie Lusk, Accountant III

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

					Audit		
		_	As Settled	٠	Adjustments		As Audited
NET REIMBURSABLE MEDI-CAL							
PROGRAM COSTS							
COUNTY DROWINERS							
COUNTY PROVIDERS	(Cal. 2a)	\$	12 271 100	ď	(500.042)	ø	11 771 247
MEDI-CAL - FFP	(Sch. 2a)	. Þ	12,371,190	Ф	(599,943)	ъ.	11,771,247
HEALTHY FAMILIES - FFP	(Sch. 2a)	<sub>e</sub>	117,886	s	(9,956)	e	107,929
TOTAL FFP - COUNTY PROVIDERS		\$	12,489,075	» —	(609,899)	<sub>2</sub> —	11,879,176
CONTRACT PROVIDERS							
MEDI-CAL - FFP	(Sch. 3b)	\$	5,330,997	\$	(9,177)	\$	5,321,820
HEALTHY FAMILIES - FFP	(Sch. 3b)		292,652		(1,440)		291,212
TOTAL FFP - CONTRACT PROVIDERS		\$	5,623,649	\$	(10,617)	\$	5,613,032
TOTAL FFP - COUNTY PLUS CONTRACT P	DOMDEDC						
MEDI-CAL - FFP	KOVIDERS	\$	17,702,187	Φ	(609,120)	e	17,093,067
HEALTHY FAMILIES - FFP		φ	410,538	Φ	(11,396)	φ.	399,141
		_					
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$ =	18,112,724	· <sup>\$</sup> =	(620,516)	\$ =	17,492,208
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF	(Sch. 4)	\$	4,354,772	\$	(52,391)	\$	4,302,381

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Total Medi-Cal Gross Reimbursement							,
<ol> <li>Inpatient SD/MC and Crossover</li> </ol>	(MH 1968, Ln 11, 11A)	\$	9,116,064	\$	(86,575)	\$	9,029,488
<ol><li>Outpatient SD/MC and Crossover</li></ol>	(MH 1968, Ln 11, 11A)		10,216,727		(358,098)		9,858,629
<ol><li>Enhanced SD/MC (Children) - I/P</li></ol>	(MH1968, Ln 16, 16A)		19,650		3,275		22,925
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		30,558		(1,355)		29,203
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		2,648		(96)		2,551
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0,		0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	124,169		(13,925)		110,244
9. Total		\$ _	19,509,815	\$	(456,774)	\$	19,053,041
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	1,547,734	\$	85,390	\$	1,633,124
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		128,301		2,467		130,768
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		2,183		0		2,183
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		349		0		349
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		. 0		. 0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		. 0		0.		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0.
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		246		0		246
18. Total		\$ _	1,678,813	- - -	87,857	\$	1,766,670
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	7,585,797	\$	(168,690)	\$	7,417,107
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		10,118,635		(361,920)		9,756,715
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		2,648		(96)		2,551
23. Healthy Families-I/P	(Ln 7 - Ln 16)		. 0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)		123,923		(13,925)		109,998
25. Total		\$ _	17,831,002	- - \$	(544,631)	\$_	17,286,371
Medi-Cal MAA Reimbursement							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	. \$	0	\$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	*	0		0	-	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
29. Total	(	\$	0		0	\$	0

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

<u>C</u>	COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments	•	As Audited
Á	Amount Negotiated Rates Exceed Cost		_	713 Settled	-	rujustinents		As Audited
	30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
	31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	•	0	•	0	Ψ	0
	32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		. 0
	33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		. 0
	34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
	35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		. 0
	36. Total	(MIT 1908, Ell 40, 40A)	\$	0	\$		\$	0
-	9		Ψ==		Ψ=		<b>"=</b>	
N	Medi-Cal Administrative Reimbursement							
3	37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	4,433,626	\$	(47,729)	\$	4,385,898
3	38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	4,185,167	\$	(375,582)	\$	3,809,585
2	39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	4,185,167	\$	(375,582)		3,809,585
			-		=	·	===	
j	Healthy Families Administrative Reimbursem	<u>ient</u>						
4	40. Healthy Families Administrative Reimburse	ement Limit (MH1979, Ln 8)	\$	57,440	\$	(1,392)	\$	56,048
	41. Healthy Families Administration	(MH1979, Ln 9)	\$ -	75,485	\$	(6,774)	\$	68,711
	42. Healthy Families Administrative Reimburse	ement (Lower of Ln 40, Ln 41)	\$	57,440	\$	(1,392)	\$	56,048
			=		=		=	
J	Utilization Review Reimbursement							
	43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	1,086,931	\$	(169,392)	\$	917,539
٠.	44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	30,997	\$	(4,831)	\$	26,166
			=		: =		=	
]	Net SD/MC Reimbursement - FFP							
	45. Direct Services	(MH1979, Ln 16,16A)	\$	9,414,272	\$	(283,844)	\$	9,130,428
	46. Enhanced (Children)	(MH1979, Ln 17,17A)		30,989		1,248		32,238
	47. Enhanced (Refugees)	(MH1979, Ln 18)		2,648		(96)		2,551
	48 MAA	(MH 1979, Ln 11, 12 & 1	3)	0		o o		0
	49. Administrative Reimbursement	(MH1979, Ln 6)	•	2,092,584		(187,791)		1,904,793
	50. U.R. Skilled Professional	(MH1979, Ln 14)		815,198		(127,044)		688,154
	51, U.R. Other	(MH1979, Ln 15)		15,499		(2,416)		13,083
	52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
	53. Subtotal- FFP		\$	12,371,190	- \$	(599,943)	\$ -	11,771,247
			=		= :		=	
	54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	. 0	\$	0
	55. Quality Assurance Review Results	(Adj # )		0		0		. 0
			-		~			<del>, , , , , , , , , , , , , , , , , , , </del>
	56. Total SD/MC Reimbursement - FFP	•	\$	12,371,190	\$	(599,943)	\$	11,771,247
	Net Healthy Families Reimbursement - FFP		=		=		= =	
	57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	80,550	\$	(9,051)	\$	71,499
	58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	-	0		0	•	. 0
	59. Administrative Reimbursement	(MH1979, Ln 10)		37,336		(905)	ı	36,431
	60. Total Healthy Families Reimbursement - FF		\$	117,886		(9,956)		107,929
			٠,	,	= ~		= =	
	61. Total - FFP (Ln 56 + Ln 60)		. \$	12,489,075	\$	(609,899)	\$	11,879,176
		• • •	, :		=		= =	(To Sch. 1)

#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Numbe	r Legal Entity		I N P	A T L E				O U T P		E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00108	Telecare Corporation	\$ 0 \$		0 \$	0 \$	0 \$		0 \$	0 \$	1,992,778 \$	0
00120	FamiliesFirst, Inc.	\$ 0 \$		Q <b>\$</b>	0 \$	0 \$		. 0 \$	0 \$	337,828 \$	0
00138	Mental Health Systems, Inc	\$ 0\$		0 \$	. 0 \$	0 \$		3,643 \$	0 \$	370,397 \$	62,536
00167	Center for Human Services	\$ 0\$	0 \$	0 \$	0 \$	0 \$		35,274 \$	0 \$	2,445,631 \$	179,801
00.168	Deborah Johnson	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		748 \$	0 \$	148,465 <b>\$</b>	486
00170	Sierra Vista Children's Center	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		37,580 \$	0 \$	2,973,867 \$	180,818
00226	Turning Point Community Programs	\$ 0 \$	0 \$	. 0 \$	0 \$	·· 0 \$		. 0 \$	0 \$	876,962 \$	0
00457	Sunny Hills	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
00461	Summit View	\$ 0\$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
00467	Moss Beach Homes, Inc.	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	. 0 \$	769,420 \$	24,377
00484	North Valley Schools, Inc.	\$ 0 \$	0 \$	. 0 \$	0 \$	0 \$	248,331 \$	0 \$	0 \$	248,331 \$	0
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	`				- <b>*</b>						
	GRAND TOTAL	0 \$	0 \$	0 \$	0 \$	0 \$	10,086,434 \$	77,245 \$	0 \$	10,163,679 \$	448,018

#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		***	(11)	(12)		[13]	(14)		[15]	(16)		<u>(</u> 177)	(18)	(19)
			Total	Healthy		Total	Healthy		Total			Total		Total
Legal			Revenue	Families		Revenue	Families		Net Cost	Net Cost		Net Cost	Net Cost	MAA
Entity			(Excl, HFP)	Revenue		(Excl. HFP)	Revenue	_	(Excl. HFP)	Healthy Families	_	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		1 N P A T 1			OUTPA		L		T1ENT			ATTENT	Reimbursement
			(MH 1968,	(MH 1968,		(MH 1968,	(MH 1968,		(Col 4-11)	(Col 5-12)		(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)							Ln 11-13)
00108	Telecare Corporation	\$	0 \$	0	\$	9,621 \$	О	\$	0	\$ 1	) <b>s</b>	1,983,157	\$ 0 \$	0
00100	FamiliesFirst, Inc.	Œ.	0 \$		\$	552 \$			o		3			
00120	Mental Health Systems, Inc	ě.	0 \$	ō		1,701 \$					9			
00158	Center for Human Services	ď.	0 \$	ō		2,837 \$	Ö				) \$			
00167	Deborah Johnson	4	0 \$		\$	2,057 \$					9			
	Sierra Vista Children's Center	φ Φ	0 \$		\$	4.998 \$	0		-		) \$			
00170		\$	0 \$	-	\$	7,118 \$					5			
00226	Turning Point Community Programs	a)			\$	7,110 \$		\$			) \$		\$ 0 <b>\$</b>	
00457	Sunny Hills	\$			э \$	0 \$		э \$			) \$			
00461	Summit View	5		-	-			-						
00467	Moss Beach Homes, Inc.	\$	0 \$	0		151 \$					\$			
00484	North Valley Schools, Inc.	\$	0 \$		\$	0 \$		\$	_		) \$			
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	GRAND TOTAL	\$		0	<u>\$</u> _	26,978 \$	0 5	\$ <u></u>	0 \$	0	\$	10,136,701	448,018 \$	0

#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(20)	(21)	(22)		(23)		(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Ra		Neg. Rates						
Legal			Exceed Costs	Exceed Costs Healthy Families	Exceed ( (Excl. H		Exceed Costs Healthy Familie		Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP
Entity		100	(Excl. HFP)	Healthy Families			T J E N T		(FFP)	(FFP)	(FFP)	Maximum	or Contract Maximum
Number	Legal Entity	12:	(MH 1968,	(MH 1968.	(MH 19		(MH 1968.	البنن	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)	WICKSTRUM	Maximum
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to		Ln 40, 40A)		(WIT 1975, LINE 21)	(1911 1919, (21. 21)	(60). 24 + 25)		
00108	Telecare Corporation	\$	0 \$	0 \$		0 \$		0 \$					1,057,243
00120	FamiliesFirst, Inc.	\$	0 \$	0 \$		0 \$		0 \$					179,665
00138	Mental Health Systems, Inc	\$	0 \$	0 \$		0 \$		0 \$					237,753
00167	Center for Human Services	\$	0 \$	0 \$		0 \$		0 \$					1,422,818
00168	Deborah Johnson	\$	0 \$	0 \$		0 \$		0 \$	79,259 \$				79,575
00170	Sierra Vista Children's Center	\$	0 \$	0 \$		0 \$		0 \$	1,585,486 \$				1,703,018
00226	Turning Point Community Programs	\$	0 \$	0 \$		0 \$		0 \$	375,036 \$				375,036
00457	Sunny Hills	\$	0 \$	0 \$		0 \$		0 \$	0 \$				0
00461	Summit View	5	0 \$	0 \$		0 \$		0 \$	0 \$				. 0
00467	Moss Beach Homes, Inc.	\$	0 \$	0 \$		0 \$		0 \$	409,688 \$				425,533
00484	North Valley Schools, Inc.	\$ -	0 \$	0 \$		0 \$		0 \$	132,391 \$				132,391
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		\$	0 \$ 0 \$	0 \$		0.5		0 \$	0.\$	0.\$	0 \$ 0 \$		0
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		9	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		0
		S.	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		0
		φ.	0 \$	0.5		0 \$		0 \$	0 \$	0 \$	. 0 \$		. 0
		5	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		0
		s	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		n
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		. 0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	. 0 \$		ō
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		0
		\$	0 \$	0 \$		.0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$	. 0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$		0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	. 0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	Ō
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$	0 \$	0 \$		0 \$		0 \$	0 \$	. 0 \$	0 \$	0 \$	0
	GRAND TOTAL	\$	0 \$	0 \$		0 \$		<u>0</u> \$	5,321,820 \$	291,212 \$	5,613,032 \$	8,195,922 \$	5,613,032

(To Sch. 1)

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including centractors)  (2) Total SD/MC Claims  (3) Percent % (Line 1/Line 2)  (4) EPSDT Claims  (5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)  (6) Cost Settled Baseline for EPSDT  (7) Net Cost Settlement Amount (Line 5 - Line 6)  (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)  (8) FY 2001-02 EPSDT Settlement  (9) County Match 10% of Local Growth (8b x 10%)  (10) Net Cost Settlement Amount (Line 7 x 46.70%)  (11) SD/MC Actual Cost Settlement Amount (Section 2)  (12,436,263)  (12,436,263)  (12,436,263)  (124,652)  (12		As Settled	Audit Adjustments	As Audited
(3) Percent % (Line 1/Line 2)       94.88%       -1.00%       93.88%         (4) EPSDT Claims       12,436,263       0       12,436,263         (5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)       11,799,526       (124,652)       11,674,874         (6) Cost Settled Baseline for EPSDT       2,375,041       0       2,375,041         (7) Net Cost Settlement Amount (Line 5 - Line 6)       9,424,485       (124,652)       9,299,833         (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)       4,401,234       (58,213)       4,343,022         (8a) FY 2001-02 EPSDT Settlement       3,936,608       0       3,936,608         (8b) Annual Local Growth (L. 8 - 8a)       464,626       (58,213)       406,414         (9) County Match 10% of Local Growth (8b x 10%)       46,463       (5,821)       40,641         (10) Net Cost Settlement Amount (L. 8 - 9)       4,354,772       (52,391)       4,302,381	(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	20,108,171	(212,203)	19,895,968
(4) EPSDT Claims       12,436,263       0       12,436,263         (5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)       11,799,526       (124,652)       11,674,874         (6) Cost Settled Baseline for EPSDT       2,375,041       0       2,375,041         (7) Net Cost Settlement Amount (Line 5 - Line 6)       9,424,485       (124,652)       9,299,833         (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)       4,401,234       (58,213)       4,343,022         (8a) FY 2001-02 EPSDT Settlement       3,936,608       0       3,936,608         (8b) Annual Local Growth (L. 8 - 8a)       464,626       (58,213)       406,414         (9) County Match 10% of Local Growth (8b x 10%)       46,463       (5,821)       40,641         (10) Net Cost Settlement Amount (L. 8 - 9)       4,354,772       (52,391)       4,302,381	(2) Total SD/MC Claims	21,193,504	0	21,193,504
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4) 11,799,526 (124,652) 11,674,874  (6) Cost Settled Baseline for EPSDT 2,375,041 0 2,375,041  (7) Net Cost Settlement Amount (Line 5 - Line 6) 9,424,485 (124,652) 9,299,833  (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%) 4,401,234 (58,213) 4,343,022  (8a) FY 2001-02 EPSDT Settlement (Baseline 10 Settlement 10 Settlemen	(3) Percent % (Line 1/Line 2)	94.88%	-1,00%	93.88%
(Line 3 X Line 4)       11,799,526       (124,652)       11,674,874         (6) Cost Settled Baseline for EPSDT       2,375,041       0       2,375,041         (7) Net Cost Settlement Amount (Line 5 - Line 6)       9,424,485       (124,652)       9,299,833         (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)       4,401,234       (58,213)       4,343,022         (8a) FY 2001-02 EPSDT Settlement       3,936,608       0       3,936,608         (8b) Annual Local Growth (L. 8 - 8a)       464,626       (58,213)       406,414         (9) County Match 10% of Local Growth (8b x 10%)       46,463       (5,821)       40,641         (10) Net Cost Settlement Amount (L. 8 - 9)       4,354,772       (52,391)       4,302,381	(4) EPSDT Claims	12,436,263	0	12,436,263
(7) Net Cost Settlement Amount (Line 5 - Line 6) 9,424,485 (124,652) 9,299,833  (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%) 4,401,234 (58,213) 4,343,022  (8a) FY 2001-02 EPSDT Settlement 3,936,608 0 3,936,608  (8b) Annual Local Growth (L. 8 - 8a) 464,626 (58,213) 406,414  (9) County Match 10% of Local Growth (8b x 10%) 46,463 (5,821) 40,641  (10) Net Cost Settlement Amount (L. 8 - 9) 4,354,772 (52,391) 4,302,381		11,799,526	(124,652)	11,674,874
(Line 5 - Line 6) 9,424,485 (124,652) 9,299,833  (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%) 4,401,234 (58,213) 4,343,022  (8a) FY 2001-02 EPSDT Settlement 3,936,608 0 3,936,608  (8b) Annual Local Growth (L. 8 - 8a) 464,626 (58,213) 406,414  (9) County Match 10% of Local Growth (8b x 10%) 46,463 (5,821) 40,641  (10) Net Cost Settlement Amount (L. 8 - 9) 4,354,772 (52,391) 4,302,381	(6) Cost Settled Baseline for EPSDT	2,375,041	. 0	2,375,041
(Line 7 x 46.70%)       4,401,234       (58,213)       4,343,022         (8a) FY 2001-02 EPSDT Settlement       3,936,608       0       3,936,608         (8b) Annual Local Growth (L. 8 - 8a)       464,626       (58,213)       406,414         (9) County Match 10% of Local Growth (8b x 10%)       46,463       (5,821)       40,641         (10) Net Cost Settlement Amount (L. 8 - 9)       4,354,772       (52,391)       4,302,381	•	9,424,485	(124,652)	9,299,833
(8b) Annual Local Growth (L. 8 - 8a)       464,626       (58,213)       406,414         (9) County Match 10% of Local Growth (8b x 10%)       46,463       (5,821)       40,641         (10) Net Cost Settlement Amount (L. 8 - 9)       4,354,772       (52,391)       4,302,381		4,401,234	(58,213)	4,343,022
(9) County Match 10% of Local Growth (8b x 10%) 40,641 (10) Net Cost Settlement Amount (L. 8 - 9) 4,354,772 (52,391) 4,302,381	(8a) FY 2001-02 EPSDT Settlement	3,936,608	0	3,936,608
(10) Net Cost Settlement Amount (L. 8 - 9) 4,354,772 (52,391) 4,302,381	(8b) Annual Local Growth (L. 8 - 8a)	464,626	(58,213)	406,414
	(9) County Match 10% of Local Growth (8b x 10%)	46,463	(5,821)	40,641
(41) 00P P\\ 2 \ 2 \ (0 \) 1   1   1   1 \ 1 \ 2 \ 1 \ 1   1   1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1	(10) Net Cost Settlement Amount (L. 8 - 9)	4,354,772	(52,391)	4,302,381
(11) SOF Distribution (Settled and Audited) 4,354,772 0 4,354,772	(11) SGF Distribution (Settled and Audited)	4,354,772	0	4,354,772
(12) SGF Due County (State) (0) (52,391) (52,391) (To Sch. I)	(12) SGF Due County (State)	(0)	(52,391)	(52,391) (To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider					Provider Number	No. of Adj.		eriod Ended 30, 2004
	STANISLAU	S COUN	ITY		00050	82		
	Report Ref	erence		THE STATE OF SUBIT AD MOTHE	NTO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	reported	(500,5000)	
				ADJUSTMENTS TO REPORTED COSTS				
1	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION	·	\$ 44,640,776	\$ 42,158	\$ 44,682,934
				To adjust the A-87 costs to agree with the formally approved C Cost Allocation Plan report dated July 16, 2003. CMMS Pub. 15-1, Section 2304	Countywide			
2 3 4	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	C C C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATION COSTS		\$ 4,185,167 \$ 75,485 \$ 2,046,832 \$ 6,307,484	\$(4,185,167) \$ (75,485) \$(2,046,832)	\$ - * \$ - * \$ - * \$ 6,307,484 *
				To eliminate the reported distribution of administrative costs. be redistributed after adjustments to the administrative costs be	Costs will elow.			
5	MH 1960	12	С	TOTAL ADMINISTRATION COSTS		** \$ 6,307,484	\$ 42,158	\$ 6,349,642
				To adjust total administration costs to reflect the Adjustment N	umber 1.			
		-						
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provider	STANISLAU	s coun	TY		Provider Number 00050	No. of Adj. 82		eriod Ended 30, 2004
	Report Refe			TWO ANATION OF AUDIT AD ILICIASE	EXPLANATION OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Reported	(500.000)	
				ADJUSTMENTS TO REPORTED COST				
6 7 8 -	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		** \$ - ** \$ - ** \$ - ** \$ 6,349,642	\$ 3,809,585 \$ 68,711 \$ 2,471,346	\$ 3,809,585 \$ 68,711 \$ 2,471,346 \$ 6,349,642
	• ,			To allocate Total Administrative Costs between SD/MC, Health Non SD/MCAdministration based on the unduplicated client concentrages of 59.9969% for SD/MC, 1.0821% for Healthy Fa 38.9210% for Non SD/MC per County's supporting documental	ount method milies Admin., and			
9 10 11 -	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 1,086,931 \$ 30,997 \$ - \$ 1,117,928	\$ (169,392) \$ (4,831) \$ 174,223	\$ 917,539 \$ 26,166 \$ 174,223 \$ 1,117,928
				To allocate Total Utilization Review Costs using the Medi-Cal I percentage of 84.4155% for SPMP and Other SD/MC UR, and Non SD/MC UR per County's supporting documentation.	Eligibility Factor I 15.5845% for			
		•						
,								
	•						·	
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.	·			

Provide	r STANISLAUS	S COUN	ITY		Provider Number 00050	No. of Adj. 82		eriod Ended 30, 2004
	Report Refe	rence				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Reported	(Decrease)	7 tajuotea
12 13 14 15	MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3	ſnfo	ADJUSTMENTS TO REPORTED GROSS COS  MODE 15 Program 1 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70 TOTAL GROSS COST		\$ 4,242,019 \$ 6,204,310 \$ 3,218,526 \$ 1,681,080 15,345,935	\$ (668,843) \$ (226,109) \$ 66,425 \$ 828,527	\$ 3,573,176 \$ 5,978,201 \$ 3,284,951 \$ 2,509,607 15,345,935
				To adjust the Medi-Cal reported gross cost at the service func- level to reflect the RVS method of allocation.	ion			
			-					
	·							
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	stanislau:	S COUN	ITY		Provider Number 00050	No. of Adj. 82		riod Ended 0, 2004
	Report Refe	erence			NTO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Neported	(Decicase)	7 lajusteu
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>s</u> 2			
16 17 18 19 20 21 - 22 23	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated March 6, 2008. (Net disallowed claims of 35,176 Above adjustments include Phase II. Copies of workpapers detailing adjustments by service function been provided to the County.	ed Claims units).	1,099,193 3,018,796 21,478 77,331 4,622 7,993 885 15,300 38,675 4,284,273	12,783 61,773 (4,852) (16,482) 45 1,144 - (130) (1,342) 52,939	1,111,976 * 3,080,569 * 16,626 * 60,849 * 4,667 * 9,137 * 885 * 15,170 * 37,333 * 4,337,212 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	<del></del>	<del></del>			Provider Number	No. of Adj.		riod Ended 0, 2004
	STANISLAU	S COUN	ΙΤΥ		00050	82	Increase	0, 2004 As
	Report Refe				NTC	As	1	Adjusted
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	ENIS	Reported	(Decrease)	Aujusteu
No.	Sch.	Line	Col.					
24 25	MH 1966A MH 1966A	8 8A	Total Total	ADJUSTMENTS TO REPORTED SD/MC UNITED SD/MC UNITED SD/MC UNITED SD/MC UNITED SD/MC UNITED SD/MC UNITED SD/MC UNITS - PROGRAMS 1 AND MEDI-CAL UNITS - 10/01/03 to 09/30/04 MEDI-CAL UNITS - 07/01/03 to 09/30/03	<u>TS</u> 0.2	1,111,976 3,080,569 16,626	9,455 4,675	1,121,431 * 3,085,244 * 16,626 *
26	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	9 9A 10 10A 10B 11 11A	Total Total Total Total Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 06/30/04  MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04  ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04  ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04  ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04  HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03  HEALTHY FAMILIES - 10/01/03 to 06/30/04  TOTAL UNITS  To adjust the State DMH Approved Claims Report dated Marincorporate the adjustments made by the County and not beir DMH Approved Claims.	ch 6, 2008 to ng updated in State	60,849 4,667 9,137 885 15,170 37,333 4,337,212	- - - - - 375 14,505	60,849 * 4,667 * 9,137 * 885 * 15,170 * 37,708 * 4,351,717 *
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provider	STANISLAUS	S COUN	TY		Provider Number 00050	No. of Adj. 82		riod Ended 30, 2004
	Report Reference					As	Increase	As Adjusted
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>-S</u> 2			
27 28 29 30 31 32 - 33 34	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03  MEDI-CAL UNITS - 10/01/03 to 06/30/04  MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03  MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04  ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03  ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04  ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04  HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03  HEALTHY FAMILIES - 10/01/03 to 06/30/04  TOTAL UNITS  To adjust the SD/MC units of service/time per the State DMH Claims Report to the Net county's records. Above adjustment Copies of workpapers detailing adjustments by service functio been provided to the County.	s include Phase II.	** 1,121,431 ** 3,085,244 ** 16,626 ** 60,849 ** 4,667 ** 9,137 ** 885 ** 15,170 ** 37,708 ** 4,351,717	(13,231) (38,716) 5,232 17,575 (980) 81 - 130 747 (29,162)	1,108,200 * 3,046,528 * 21,858 * 78,424 * 3,687 * 9,218 * 885 * 15,300 * 38,455 * 4,322,555 *
		·		* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number 00050	No. of Adj. 82	Fiscal Per June 3	
	STANISLAU		ITY		00050			
	Report Refe	rence		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTINE				
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>s</u> 2			
35 36 - - 37 - 38 39	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ac include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county.	tjustments	** 1,108,200  ** 3,046,528  ** 21,858  ** 78,424  ** 3,687  ** 9,218  ** 885  ** 15,300  ** 38,455  ** 4,322,555	75 (3,710) - - - (91) - (30) (1,145) (4,901)	1,108,275 3,042,818 21,858 78,424 3,687 9,127 885 15,270 37,310 4,317,654
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	<del></del> er		_=	F	Provider Number	No. of Adj.	Fiscal Per	iod Ended
	STANISLAU	s cour	VTY		00050	82	June 3	0, 2004
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
40 41 42 43 44 45 46 47	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/time	for the	1,208,433 4,018,990 1,956 6,781 11,773 43,581 53,961 212,512 5,557,987	2,344 30,901 (1,956) (6,781) 435 3,165 10 (5,559) 22,559	1,210,777 * 4,049,891 * 0 * 0 * 12,208 * 46,746 * 53,971 * 206,953 * 5,580,546 *
48 49 -	MH 1966A MH 1966A MH 1966A	8 8A 9	Total Total	county's contract providers to agree with the State DMH Approved Report dated March 6, 2008. (Net disallowed claims of 25,887 uni Above adjustments include Phase II.  Copies of workpapers detailing adjustments by service functions his been provided to the County.  MEDI-CAL UNITS - 07/01/03 to 09/30/03  MEDI-CAL UNITS - 10/01/03 to 09/30/04  MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	ts).	** 1,210,777 ** 4,049,891 ** 0	(220) (8,055) -	1,210,557 * 4,041,836 * 0 *
- - - - 50	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	9A 10 10A 11 11A	Total Total Total Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL		** 12,208 ** 46,746 ** 53,971 ** 206,953 ** 5,580,546	6,915 (1,360)	0 * 12,208 * 46,746 * 53,971 * 213,868 * 5,579,186 *
				To adjust the State DMH Approved Claims Report dated March 6, incorporate the adjustments made by the County and not being up DMH Approved Claims.				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number 00050	No. of Adj. 82		iod Ended 0, 2004
	STANISLAUS		11 Y			As	Increase	As
Adj.	Report Refe	rence		EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
140.	0011.			ADJUSTMENTS TO REPORTED SD/MC UNITS  CONTRACT PROVIDERS	<u>S -</u>			
51 52 53 54 55 56 57 58	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL		** 1,210,557  ** 4,041,836  ** 0  ** 12,208  ** 46,746  ** 53,971  ** 213,868  ** 5,579,186	(5,469) (13,536) 2,056 6,781 (1,074) (750) (10) 381 (11,621)	1,205,088 * 4,028,300 * 2,056 * 6,781 * 11,134 * 45,996 * 53,961 * 214,249 * 5,567,565 *
-				To adjust the SD/MC units of service/time per the State DMH in Claims Report to the Net county's records. Above adjustments Copies of workpapers detailing adjustments by service function been provided to the County.	s include Phase II.			
		-						
								i Ç
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	Provider STANISLAUS COUNTY		ITY		Provider Number 00050	No. of Adj. 82		riod Ended 30, 2004
	Report Refe	rence				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME		reported	(200.0000)	·
		-		ADJUSTMENTS TO REPORTED SD/MC UNITS  CONTRACT PROVIDERS	<u> </u>		-	
59 60 61 62 63 64 65 66	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03 ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04 HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES - 10/01/03 to 06/30/04 TOTAL  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service function been provided to the County.		** 1,205,088  ** 4,028,300  ** 2,056  ** 6,781  ** 11,134  ** 45,996  ** 53,961  ** 214,249  ** 5,567,565	(2,615) (2,041) (975) (3,225) (795) (5,586) (2,721) (1,216) (19,174)	1,202,473 4,026,259 1,081 3,556 10,339 40,410 51,240 213,033 5,548,391
					*	:		
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	STANISLAUS COUNTY				Provider Number 00050	No. of Adj. 82	Fiscal Period Ended June 30, 2004	
Adj.	Report Reference  Adj. Form/ Indicate the second se			EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
NO.	Scn.	Lille	Coi.	ADJUSTMENTS TO REPORTED TOTAL UNITS - CO	YTNUC			
67 68 69	MH 1966A MH 1966A MH 1966A	2 2 2	-	MODE 15 Program 1 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/70		2,062,447 2,747,463 758,631	104,877 153,418 2,475	2,167,324 2,900,881 761,106
70	МН 1966А	2		Program 2 MHS SERVICE FUNCTION 15/10		640	(60)	580
71	MH 1966A	2		Program 2 ASO SERVICE FUNCTION 15/60 To adjust the Total Units to agree with the county's records.		618	(48)	. 570
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				<u>,,</u>

Provide		0.00			Provider Number 00050	No. of Adj. 82	,	Period Ended 30, 2004
	STANISLAU		11 Y			As	Increase	As
	Report Ref	erence	1	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	(Decrease)	Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADDUCTMEN				
		-		ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY				
72 73 74 75	MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A	E E K	PATIENT AND OTHER PAYOR REVENUE - I/P (10/01/03 PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/03 PATIENT AND OTHER PAYOR REVENUE - O/P (10/01/03	3 - 09/30/03) 3 - 06/30/04) 3 - 09/30/03) 3 - 06/30/04)	\$ 341,926 \$ 1,205,808 \$ 31,335 \$ 96,965	\$ 56,534 \$ 28,856 \$ 1,656 \$ 812	\$ 398,460 \$ 1,234,664 \$ 32,991 \$ 97,777
				To adjust patient and other payor revenue to agree with the co	unty's records.			·
					-	·		
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - CONTRACT PROVIDERS		0.540	\$ 1,818	\$ 8,364
76	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/03	3 - 09/30/03)	\$ 6,546	\$ 1,010	\$ 6,304
				To adjust patient and other payor revenue to agree with the co	unty's records.			
						•		
							·	·
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	ſ			Prov	ider Number	No. of Adj.	Fiscal F	Period Ended
	STANISĻAU	S COUN	1TY		0050	82	June	30, 2004
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
77	MH 1979	2	Ď	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBL	RSEMENT	\$ 10,012,043	\$ 124,658	\$ 10,136,701
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimburs as a result of adjustments to the contract providers SD/MC units of service/time.	sement			
78 79	MH 1979 MH 1979	21 27	j J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT- COUNTY		\$ 12,371,190 \$ 117,886 12,489,075	\$ (599,943) \$ (9,956) \$ (609,899)	\$ 11,771,247 \$ 107,929 \$ 11,879,176
80 81	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVID TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	ERS	\$ 5,330,997 \$ 292,652 \$ 5,623,649	\$ (9,177) \$ (1,440) (10,617)	\$ 5,321,820 \$ 291,212 \$ 5,613,032
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments reported costs and units.	to			
			,					5
			·	ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				
82	Sch. 4	8	3	TOTAL EPSDT SGF		\$ 4,354,772	\$ (52,391)	\$ 4,302,381
		·		To adjust the final EPSDT settlement as a result of adjustments to aud Medi-Cal cost.	lited		·	
					-			
						·		
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE 30, 2004

#### FINDING 1 – COSTS ALLOCATION BETWEEN MODES AND SERVICE FUNCTIONS

Our review disclosed that the County was not in compliance with the cost report instructions for the methodology of costs allocation between Modes and Service Functions. The allocation bases the County applied are Total Service Units and some short-term historical statistics, such as Emergency Service Hours, that are not recommended in the cost report instructions. Acceptable bases of allocation are (1) Direct, (2) based on Staff time study, or (3) using relative value based on units of service and published charges. This issue has been existing in prior years.

#### **AUDIT AUTHORITY:**

FY 03-04 Cost Report Instruction Manual (CFRS, page 27 and 29).

#### **RECOMMENDATION:**

We recommend that the County review the cost report instructions, and select and develop an appropriate method to distribute its costs between Modes and Service Functions.

#### **AUDITEE'S RESPONSE:**

We have reviewed the findings related to the FY03-04 audit and accept the recommendations as proposed.

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### **DEPARTMENT OF MENTAL HEALTH**

## CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

	Legal Entity: STANISLAUS COUNTY	А	В	С
Leg	gal Entity Number: 00050	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	35,133,417	38,399,019	73,532,436
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(16,323,140)	(16,323,140)
4	Other Adjustments from MH 1962	(2,636,931)	(10,259,826)	(12,896,757)
5	Total Costs Before Medi-Cal Adjustments	32,496,486	11,816,053	44,312,539
6	Medi-Cal Adjustments from MH 1961		370,395	370,395
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			44,682,934
	Administrative Costs (County Only)			
9	SD/MC Administration			3,809,585
10	Healthy Families Administration			68,711
11	Non-SD/MC Administration			2,471,346
12	Total Administrative Costs			6,349,642
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			917,539
14	Other SD/MC Utilization Review			26,166
15	Non-SD/MC Utilization Review			174,223
16	Total Utilization Review Costs			1,117,928
17	Research and Evaluation (County Only)			0
18	Mode Costs (Direct Service and MAA)			37,215,364
	Tatal Coata Linea Otherwich 10			44 602 024
19	Total Costs - Lines 9 through 18			44,682,934

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

	Legal Entity: STANISLAUS COUNTY	Α	В	С
Lε	gal Entity Number: 00050	Salaries		Total
		and Benefits	Other	Adjustments
1	Depreciation		345,075	345,075
2	Equipment Purchases		(5,132)	(5,132)
3	Outpatient Food Expense		(11,706)	(11,706)
4	A-87 Adjustment		42,158	42,158
5	·			
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		370,395	370,395

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

	Legal Entity: STANISLAUS COUNTY	Α	В	С
Le	gal Entity Number: 00050	Salaries		Total
		and Benefits	Other	Adjustments
1	Reclass Payroll Costs from Indept to salary and benefits	(616,382)	616,382	
2	Private Plan Expense Not Incl on Cost Report		(2,140)	(2,140)
3	Back out Wrap Around		(119,392)	(119,392)
4	Transitional Living Expense		(463,449)	(463,449)
5	Supplemental Services		3,064	3,064
6	State Hospital Expense		(718,853)	(718,853)
7	CSA 30155 Case Managers	,	(39,037)	(39,037)
8	CSA Match for AOD programs		(23,000)	(23,000)
9	Reclass CSA match from Interdept exp to acct 46620		(201,800)	(201,800)
	AOD Services	(2,148,718)	(1,335,095)	(3,483,813)
	Reclass MIO Program Probation Officer from interdept	53,480	(53,480)	
12	Reclass CSOC Program Probation Officer from interdept	72,421	(72,421)	
13	Reclass CSOC Nurse Services from interdept	2,268	(2,268)	
14	Providers file own cost report		(140,949)	(140,949)
15	Prior Year Expenses	·	337,169	337,169
16	Reverse Cost Applied between MH & SBHC		(1,089,691)	(1,089,691)
17	Reverse Cost Applied in from SBHC		(387,459)	(387,459)
18	Reverse Cost Applied from SBHC		(872,317)	(872,317)
19	Total Public Inpatient exp for interdpt svcs		(5,695,090)	(5,695,090)
20	Total Adjustments	(2,636,931)	(10,259,826)	(12,896,757)

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

CR County Code: 50 CR C Legal Entity: STANISLAUS COUNTY A В ח G Legal Entity Number: 00050 Service Service Service Service Service Service Mode: 05 - Hospital Inpatient (SFC 10-19) Mode.Total Function Function Function Function Function Function 10 19 Allocation Percentage 100.00% 98.57% 1.43% Total Units 300 20,627 Gross Cost 17,134,171 16,888,543 245,628 Cost per Unit 818.76 818.76 SMA per Unit 873.40 236.78 Published Charge per Unit 1,036.54 1.036.54 Negotiated Rate / Cost per Unit 07/01/03 - 09/30/03 2.158 29 Medi-Cal Units 10/01/03 - 06/30/04 5,707 268 07/01/03 - 09/30/03 670 Medicare/Medi-Cal Crossover Units 9A 10/01/03 - 06/30/04 2.349 10 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Units 28 10/01/03 - 06/30/04 10B Enhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families (SED) Units 10/01/03 - 06/30/04 12 Non-Medi-Cal Units 9,715 13 07/01/03 - 09/30/03 1,778,408 1,766,882 11,526 Medi-Cal Costs \* 106,589 10/01/03 - 06/30/04 4,779,247 4,672,658 14 07/01/03 - 09/30/03 1,896,323 1,884,797 11,526 Medi-Cal SMA Upper Limits 10/01/03 - 06/30/04 14A 5,091,083 4,984,494 106,589 15 07/01/03 - 09/30/03 2,248,379 2,236,853 11,526 Medi-Cal Published Charges \* 5,915,534 10/01/03 - 06/30/04 6,022,123 15A 106,589 16 Medi-Cal Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 548,569 548,569 Medicare/Medi-Cal Crossover Costs 10/01/03 - 06/30/04 1,923,265 1,923,265 18 07/01/03 - 09/30/03 585,178 585,178 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/03 - 06/30/04 2,051,617 2,051,617 19 07/01/03 - 09/30/03 694,482 694,482 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/03 - 06/30/04 2,434,832 2,434,832 20 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/03 - 06/30/04 21 Enhanced SD/MC (Children) Costs 07/01/03 - 09/30/03 21A 10/01/03 - 06/30/04 22,925 22,925 22 22A Enhanced SD/MC (Children) SMA Upper Limits 23 23A Enhanced SD/MC (Children) Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 24,455 24,455 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Published Charges 29,023 10/01/03 - 06/30/04 29,023 24 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Negotiated Rates 24A 10/01/03 - 06/30/04 25 Enhanced SD/MC (Refugees) Costs 07/01/03 - 06/30/04 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 29 07/01/03 - 09/30/03 Healthy Families Costs 29A 10/01/03 - 06/30/04 30 07/01/03 - 09/30/03 Healthy Families SMA Upper Limits 30A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families Published Charges 31A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families Negotiated Rates 32A 10/01/03 - 06/30/04

8,081,757 7,954,244

127,513

33 Non-Medi-Cal Costs

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50			CR					
Legal Entity: STANISLAUS COUNTY		A	В	C	D	Е	F	G
Legal Entity Number: 00050			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function 86	Function	Function	Function	Function	Function
1 Allocation Percentage		100.00%				<del> </del>	1	<del> </del> -
2 Total Units		100:007	243			<del> </del>		-
3 Gross Cost		66,912	66,912				1	
4 Cost per Unit			275,36			-1:1:1:1:50:1:1:1:		
5 SMA per Unit			183.46				<del></del>	
6 Published Charge per Unit			400.00					
7 Negotiated Rate / Cost per Unit			<del> </del>	<del>                                     </del>				
8 Medi-Cal Units	07/01/03 - 09/30/03							
8A	10/01/03 - 06/30/04							
9 Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A	10/01/03 - 06/30/04							
Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04		<del>}</del>	<del> </del>				
10A 10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		<del> </del>	<del> </del>				<del></del>
14	07/01/03 - 09/30/03		<del> </del>	<del> </del>	<u> </u>			
Healthy Families (SED) Units	10/01/03 - 06/30/04		:	1				
12 Non-Medi-Cal Units			243					
13	07/01/03 - 09/30/03	1-1-1-1-1-1-1-1-1-1-1-1-1		1.	1-1-1-1-1-1-1-1-1-1-1-1-	(15) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	***************************************	
13A Medi-Cal Costs	10/01/03 - 06/30/04		-	<del> </del>				
14 Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A	10/01/03 - 06/30/04							
Medi-Cal Published Charges	07/01/03 - 09/30/03			i				
[15A]	10/01/03 - 06/30/04							
16	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
	argument and a grand process.	ROWNERS CO.	<u> </u>			100000000000000000000000000000000000000		essertanien.
Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	10/01/03 - 06/30/04 07/01/03 - 09/30/03			·				
18   Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
10	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	·						
20A Wedicare/Wedi-Car Crossover Negotiated Rates	10/01/03 - 06/30/04							
21 Enhanced SD/MC Costs	07/01/03 - 09/30/03	[-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1-1-1-1-1-1-1-1-1-1-1-1-1	444-4-1-1-1-1-1-1-1	*****
Enhanced SD/MC Costs	10/01/03 - 06/30/04							-
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
ZZA	10/01/03 - 06/30/04							
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	10/01/03 - 06/30/04							
24 24A Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
		CONTRACTOR CONTRACTOR	27777	-2-2-2-2-2	<u> </u>		2000	<u>0.00000000000000</u>
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	<del></del>						·
26 Enhanced SD/MC (Refugees) SMA Upper Limits 27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04 07/01/03 - 06/30/04							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04			<del></del>				
				**********		<i>33.00</i>		
29 29A Healthy Families Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
30	07/01/03 - 09/30/03							
Healthy Families SMA Upper Limits	10/01/03 - 06/30/04			+				
21	07/01/03 - 09/30/03							
Healthy Families Published Charges	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
32A	10/01/03 - 06/30/04							
33 Non-Medi-Cal Costs		66,912	66,912					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY County Code: 50			CR	CR	CR	CR	CAW	CAW-
Legal Entity: STANISLAUS COUNTY		Α	В	С	D	E	F	G
Legal Entity Number: 00050			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program	1)	Mode Total	Function	Function	Function	Function	Function	Function
		<u> </u>	01	10	60	70	01	10
Allocation Percentage		100.00%	22.25%	37.22%	20.45%	15.63%	1.71%	2.7
2 Total Units			2,167,324	2,900,881	797,000	761,106	104,877	153,4
3 Gross Cost		16,060,528	3,573,176	5,978,201	3,284,951	2,509,607	274,014	433,9
4 Cost per Unit			1.65	2.06	4.12	3.30	2.61	2.
5 SMA per Unit			1.83	2.36	4.37	3.52	1.83	Ž.
6 Published Charge per Unit			2.00	2.50	5.00	4.00	2.00	_ 2.
7 Negotiated Rate / Cost per Unit								
8	07/01/03 - 09/30/03		321,119	544,858	122,629	108,122		·. · · · · · · · · · · · · · · · · · ·
Medi-Cal Units	10/01/03 - 06/30/04		858,903	1,541,140	356,456	258,809		
o :	07/01/03 - 09/30/03		15	1,020	19,823	330		
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04		1,245	8,403	65,622	805		
10	07/01/03 - 09/30/03		1.097	2,200	345	45		
Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04		1,265	6,049	1,035	750		
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		135	370	380			
44	07/01/03 - 09/30/03		4,235	9,315	1,270	450		
Healthy Families (SED) Units	10/01/03 - 06/30/04		14,700	18,862	2,283	1,465		
12 Non-Medi-Cal Units	1.0.000 - 00.00/04		964,610	768,664	227,157	390,330	104,877	153,4
				aranan periodian dari	rapatara para tahun 1974			
Medi-Cal Costs	07/01/03 - 09/30/03	2,514,217	529,415	1,122,856	505,433	356,512		
13A	10/01/03 - 06/30/04	6,914,613	1,416,037	3,176,016	1,469,185	853,375		<u> </u>
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	2,789,991	587,648	1,285,865	535,889	380,589		
14A	10/01/03 - 06/30/04	7,677,603	1,571,792	3,637,090	1,557,713	911,008		
Medi-Cal Published Charges	07/01/03 - 09/30/03	3,050,016	642,238	1,362,145	613,145	432,488		
15A	10/01/03 - 06/30/04	8,388,172	1,717,806	3,852,850	1,782,280	1,035,236		
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	10/01/03 - 06/30/04		· · · · · · · · · · · · · · · · · · ·			******		
17 Madiana Madi Cal Canana Canta	07/01/03 - 09/30/03	84,918	25	2,102	81,703	1,088		
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	292,495	2,053	17,317	270,471	2,654		
10	07/01/03 - 09/30/03	90,223	27	2,407	86,627	1,162		
Medicare/Medi-Cal Crossover SMA Upper L	10/01/03 - 06/30/04	311,711	2,278	19,831	286,768	2,834		
10	07/01/03 - 09/30/03	103,015	30	2,550	99,115	1,320		
Medicare/Medi-Cal Crossover Published Ch.	10/01/03 - 06/30/04	354,828	2,490	21,008	328,110	3,220		
20	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Negotiated Ra	10/01/03 - 06/30/04							
		7.040	4.000	4.524	4.422	440		
Enhanced SD/MC Costs	07/01/03 - 09/30/03	7,913	1,809	4,534	1,422 4,266	2,473		
21A	10/01/03 - 06/30/04 07/01/03 - 09/30/03	21,290 8,866	2,086	12,466 5,192	1,508	158		
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	23,754	2,315	14,276	4,523	2,640		
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	9,599	2,194	5,500	1,725	180		
3A	10/01/03 - 06/30/04	25,828	2,530	15,123	5,175	3,000		
Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	<del></del>						
24A	10/01/03 - 06/30/04	201103402001030103						
5 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	2,551	223	763	1,566			
6 Enhanced SD/MC (Refugees) SMA Upper Li	mits 07/01/03 - 06/30/04	2,781	247	873	1,661			
7 Enhanced SD/MC (Refugees) Published Cha		3,095	270	925	1,900			
8 Enhanced SD/MC (Refugees) Negotiated Ra	tes 07/01/03 - 06/30/04							
9	07/01/03 - 09/30/03	32,897	6,982	19,197	5,234	1,484		ere ere ere
9A Healthy Families Costs	10/01/03 - 06/30/04	77,347	24,235	38,871	9,410	4,831		
0	07/01/03 - 09/30/03	36,867	7,750	21,983	5,550	1,584		
0A Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	86,549	26,901	44,514	9,977	5,157		
1	07/01/03 - 09/30/03	39,908	8,470	23,288	6,350	1,800		
Healthy Families Published Charges	10/01/03 - 06/30/04	93,830	29,400	47,155	11,415	5,860		
2	07/01/03 - 09/30/03	33,030	23,400	71,133	11,410	5,000		
Healthy Families Negotiated Rates	10/01/03 - 06/30/04							
	10/01/03 - 00/30/04	<u> </u>	<u>चयपभव्यक्ष्यंच्य</u>	<u> </u>				<u> </u>
3 Non-Medi-Cal Costs		6,112,287	1,590,312	1,584,080	936,260	1,287,041	274,014	433,93

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

		Legal Entity: STANISLAUS COUNTY		Н	1	1 1	К	I.	М	. N
	1e	gal Entity Number: 00050			Service			Service		Service
		Mode: 15 - Outpatient (Program 1)	<del></del>							Functi
			<del></del>	70						
	1	Allocation Percentage		0.04%						
	2	Total Units		2,475						
	3	Gross Cost		6,644						
	4	Cost per Unit		2.68	rvice Service Service Serviction Function Function Function Function 70 0.04%		<u>erelgi elgisi elekele</u>	(1) (1) (1) (1) (1) (1) (1) (1)	<u>(1-1-1-1-1-1-1</u>	
	5	SMA per Unit					ce Service Service Service			
	6	Published Charge per Unit	<del></del>							
	7	Negotiated Rate / Cost per Unit	Service   Serv							
	8		07/01/03 00/30/03		<u>सम्बद्धियम्बद्धाः ।</u>					-1-1-1-1-1-1-1-
	8A	Medi-Cal Units								
	9									_
	9A	Medicare/Medi-Cal Crossover Units								
	10									
	10A	Enhanced SD/MC (Children) Units								
		Enhanced SD/MC (Refugees) Units				<del>  </del>				
	11					<del> </del>		·		
	11A	Healthy Families (SED) Units								
	12	Non-Medi-Cal Units	1.0.01100 - 00/00/04	2 475		<del></del>	·		<u> </u>	
	-2-2-27		<del></del>			1555-1555-155-155		raserra acción:		<u> 447.044</u>
	13	Medi-Cal Costs								
	13A									
*	14	Medi-Cal SMA Upper Limits								
	14A	• •								
	15	Medi-Cal Published Charges								
	15A									
	16	Medi-Cal Negotiated Rates								
	16A		10/01/03 - 06/30/04	**********	*************					
*	17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
	17A	Medicare/Medi-Car Crossover Costs	10/01/03 - 06/30/04							
	18	Madieers/Madi Cal Crassover SMA Upper Limits								
	18A	iviedicare/iviedi-Cai Crossovei SiviA Opper Limits	10/01/03 - 06/30/04							
	19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
	19A	iviedical envieur-car crossover Fabrished Charges								
	20	Medicare/Medi-Cal Crossover Negotiated Rates								
	20A	Wichigal envieur-dal Grossovel Tregoliated Nates	10/01/03 - 06/30/04							
	21		07/01/03 - 09/30/03		eterataria atat farat	tara da tara da		-ni-Ni-dian-Edit	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>
	21A	Enhanced SD/MC Costs								
	22							<del></del>		
	22A	Enhanced SD/MC SMA Upper Limits								
	23									
	23A	Enhanced SD/MC Published Charges		<del></del>						
	24									
	24A	Enhanced SD/MC Negotiated Rates								
	10000							0.000.000.000		nannanga.
		Enhanced SD/MC (Refugees) Costs								
	28	Enhanced SD/MC (Refugees) Negotiated Rates		213 C C C C C C C C C C C C C C C C C C C				databatatatata		
	29	Healthy Families Costs	07/01/03 - 09/30/03							
	29A	nearing rainines Costs	10/01/03 - 06/30/04							
	30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
	30A	reality ramilies swin opper Limits	10/01/03 - 06/30/04							
	31	Healthy Families Published Charges	07/01/03 - 09/30/03							
	31A	· · · · · · · · · · · · · · · · · · ·	10/01/03 - 06/30/04							
	32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
•	32A	reality i allilles regulated Rates	10/01/03 - 06/30/04							
		. 6	_+	<del></del>	**************************************		474747474747474747474	**************************************		

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 50			MHS	MHS	ASO	ASO	ASO	
	Legal Entity: STANISLAUS COUNTY		Α	В	С	D	E	F	G
Le	gal Entity Number: 00050			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Functio
_	Allocation Porcentogo		100,000	10	60	01	10	60	
	Allocation Percentage Total Units		100.00%	2.15% 580	18.18% 4,530	0.48%	76.46%	2.73%	
<del>2</del>	Gross Cost	<del></del>	60,514	1,304	11,001	291	29,580 46,267	570 1,651	
<u>ي</u>			1410,00						are and other
4	Cost per Unit			2.25	2.43	1.21	1.56	2.90	
5	SMA per Unit			2.36	4.37	1.83	2.36	4.37	
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		255	1,230	180	7,485	210	
8A	iveo-caronics	10/01/03 - 06/30/04		304	2,333	60	18,534	304	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A	(	10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					I		
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			21	967		3,561	56	
13		07/01/03 - 09/30/03	16,094	573	2,987	218	11,708	608	. 1-1-1-1-1-1-1-1-
13A	Medi-Cal Costs	10/01/03 - 06/30/04	36,292	683	5,666	73	28,990	881	
14		07/01/03 - 09/30/03	24,889	602	5,375	329	17,665	918	
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	56,091	717	10,195	110	43,740	1,328	
15		07/01/03 - 09/30/03	54,551					.,,,,,,,,	
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04							
16		07/01/03 - 09/30/03	l —						
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17.72			Contract Con		0				
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
17A		07/01/03 - 09/30/03	<del> </del>		<del></del>				
8	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	<del></del>						
18A 19		07/01/03 - 09/30/03	-						
9A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04					- +	<del></del>	
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04		-		<del>+</del>			
لننت			and and thoras	-1-1-1-1-1-1-1-1-1				errere e e e e e e e e e e e e e e e e	deservices.
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
1A		10/01/03 - 06/30/04							
2	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
ZA		10/01/03 - 06/30/04							
3	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
3A		10/01/03 - 06/30/04							
4	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
4A		10/01/03 - 06/30/04							
5	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	:-: <u>-:::::::::::::::::::::::::::::::::</u>			<u> </u>	**********	<u></u>	erengererenist.
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04					-		
· · ·		<u> </u>	<u> </u>		armener b				and the same
9	Healthy Families Costs	07/01/03 - 09/30/03							
9AL		10/01/03 - 06/30/04							
0 1	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
UA		10/01/03 - 06/30/04							
1 1		07/01/03 - 09/30/03							
1A 2		10/01/03 - 06/30/04							
/ 1	TO THE COURSE NAME OF STREET	07/01/03 - 09/30/03							
2A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04			1				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

	County Code: 50		CR	CR	CAW	CAW		
	Legal Entity: STANISLAUS COUNTY	Α	В	С	D	Ē	F	G
Le	gal Entity Number: 00050		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	20	10	20		
1	Allocation Percentage	100.00%	41.31%	39.44%	5.22%	14.03%		
2	Total Units		10,657	12,098	1,109	2,980		
3	Gross Cost	3,492,535	1,442,711	1,377,473	182,368	489,983		
4	Cost per Unit		135.38	113.86	164.44	164.42	<u> (Aleksania) (Aleksa</u>	
5	Non-Medi-Cal Units		10,657	12,098	1,109	2,980		
100	New Madi Col Cooks	2 400 505	4 440 744	1 077 170	400.000	400.000	. * . * . * . * . * . * . * . * . * . *	**********

#### DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County: STANISLAUS COUNTY										1		ī
	County Code: 50  Legal Entity: STANISLAUS COUNTY		+	В	REIMBURS	EMENT TYPE	Costs		Costs	Н	ļ	Costs	к
Leg	al Entity Number: 00050		1		<u> </u>		Total			<del></del>	Total	† <sup>3</sup>	Total
			7	Mode 55		Total MAA	Inpatient Mode 05-	Mode 05-Ali		Mode 15	Outpatient		Outpatient
-			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	IVIAA	Hospital	Other	Mode 10	Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Cal, I + Cal, J)
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,778,408			2,514,217	2,514.217	16,094	2,530,311
1A		10/01/03 - 06/30/04 07/01/03 - 09/30/03					4,779,247 1,896,323			6,914,613 2,789,991	6,914,613 2,789,991	36,292 24,889	6,950,905 2,814,879
2A	Medi-Cal SMA	10/01/03 - 06/30/04					5,091,083			7,677,603	7,677.603	56,091	7,733,694
3 3A	Medi-Cal P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	4				2,248,379 6,022,123			3,050,016 8,388,172			3.050.016 8,388,172
4	Medi-Cal N. R.	07/01/03 - 09/30/03					0,022,125			0,500,172			0,300,172
4A	Medi-Gai N. IV.	10/01/03 - 06/30/04					-151-151-151-151-151-15		141-141-141-141-1				
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,778,408			2,514,217	2,514,217		2.530,311
5A		10/01/03 - 06/30/04					4,779,247			6,914,613	************	36.292	6,950,905
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04					548,569 1,923,265			84,918 292,495	84,918 292,495		84,918 292,495
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					585,178			90,223	90,223		90,223
7A	Medicale/Medi-Cal Clossover SiMA	10/01/03 - 06/30/04					2,051,617			311,711	311.711		311,711
8 8A	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					694,482 2,434,832			103.015 354,828	103,015 354,828		103,015 354,828
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											001,020
9A		10/01/03 - 06/30/04					Jacobski sa						
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					548,569			84,918	84,918		84,918
10A							1,923,265	33903433 <u>5</u>		292,495	292,495	2250000000000	292,495
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					2,326,977 6,702,512			2,599,135 7,207,108	2,599,135 7,207,108	16,094 36,292	2,615,229 7,243,400
12		07/01/03 - 09/30/03							44,44,444,44	7,913	7.913	30,282	7,243,400
12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04					22,925			21,290	21,290		21.290
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								8,866	8,866		8,866
13A 14		10/01/03 - 06/30/04 07/01/03 - 09/30/03					24,455			23.754 9,599	23,754 9,599		23,754
14A	Enhanced SD/MC (Children) P. C.	10/01/03 - 06/30/04					29,023			25,828	25,828		9,599 25,828
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04					<del></del>	aritana a	2223222				
16 16A	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					22,925			7,913 21,290	7,913 21,290		7,913 21,290
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04						2		2,551	2.551	1955-25-195-45-	2.551
18	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04								2,781	2,781		2,781
19	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04 07/01/03 - 06/30/04								3,095	3,095		3,095
20							421-141-141-141-14						
21 21A	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04					2,326,977 6,725,437			2,607,048 7,228.398	2,607,048 7,228,398	16.094 36.292	2.623.142 7,264.690
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04					0,120,707			2,551	2.551	30.232	2,551
23	Healthy Families Cost	07/01/03 - 09/30/03					************		.:	32,897	32,897		32.897
23A	nealthy Families Cost	10/01/03 - 06/30/04								77,347	77,347		77.347
24 24A	Healthy Families SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04								36,867 86,549	36,867 86,549		36,867 86,549
25	Healthy Families P. C.	07/01/03 - 09/30/03								39,908	39,908		39,908
25A 26 26A		10/01/03 - 06/30/04 07/01/03 - 09/30/03								93,830	93,830		93,830
26A	Healthy Families N. R.	10/01/03 - 06/30/04					<del></del>						
27		07/01/03 - 09/30/03								32,897	32,897		32,897
27A	Healthy Families Gross Reim.	10/01/03 - 06/30/04								77,347	77,347		77,347
	Less: Patient and Other Payor Revenue	Terrie de la companya											
28 28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03 10/01/03 - 06/30/04					398,460 1,234,664			32,991 97,777	32.991 97,777		32,991 97,777
29	Enhanced SD/MC (Children) Revenue	110101100					2,183			349	349		349
30	Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue									246	246		
F. *. *. *.						<del> </del>	a a santa da		32453333	246	246		246
32	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)	······			4								
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03					1,926,334			2,573,708	2.573.708	16,094	2,589.802
[35A]	Net Due - Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04					5,490,773			7,130,621 2,551	7,130,621 2.551	36,292	7,166,913
107	Net Due - Healthy Families	07/01/03 - 09/30/03								32,651	32,651		2,551 32,651
37A		10/01/03 - 06/30/04								77,347	77,347		77,347
	Amount Negotiated Rates Exceed Costs	Total on Total on											
38 38A	SD/MC (Includes Children)	07/01/03 - 09/30/03 10/01/03 - 06/30/04						<del></del>					
39	Enhanced SD/MC (Refugees)												
40 40A	Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04							T				
4UA [		110/01/03 - 00/30/04				<u> </u>		L.		1			

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DETAIL COST REPORT

#### DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

## SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: STANISLAUS COUNTY County Code: 50

Legal Entity: STANISLAUS COUNTY	A	В	С	D	E	F	G	Н	1	J
Legal Entity Number: 00050	Total MAA	Total Inpatient	Total Outpatient	Total	50.00% . FFP	54.35% FFP	52.95% FFP	<sup>1</sup> Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement		9,052,414	9,890,384	18,942,797						
Contract Providers Medi-Cal Direct Service Gross Reimbursement		159,820	10,136,701	10,296,521						
3 Total Medi-Cal Direct Service Gross Reimbursement				29,239,318						
4 Medi-Cal Administrative Reimbursement Limit				4,385,898						
Medi-Cal Administration				3,809,585						
Medi-Cal Administrative Reimbursement				3,809,585	1,904,793					1,904,7
Healthy Families Administrative Reimbursement (County Only)										
County Healthy Families Direct Service Gross Reimbursement	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		110.244	110.244						
		}	450.233	450,233						
A Contract Providers Healthy Families Direct Service Gross Reim.  B Total Healthy Families Direct Service Gross Reimbursement			450,255	560,477						
Healthy Families Administrative Reimbursement Limit				56,048						
Healthy Families Administrative Reimbursement Limit  Healthy Families Administration				68,711				}		
Healthy Families Administrative Reimbursement				56.048				36.431		
U   neariny rainilles Administrative (veimbursement				30,046				30,431		36.4
SD/MC Net Reimbursement for MAA										
1 Medi-Cal Admin. Activities Svc Functions 01 - 09										
2 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	1									
4 Utilization Review-Skilled Prof. Med. Personnel (County Only)	hanana in			917,539					688,154	688.1
5 Other SD/MC Utilization Review (County Only)				26,166	13,083				111111111111111111111111111111111111111	13,0
										<del>arana kana kana kana kana kana kana kana</del>
6 SD/MC Net Reimbursement for Direct Services 07/01/03 - 09/30/03		1,928,517	2,582,238	4,510,755		2,451,595				2,451,5
6A 10/01/03 - 06/30/04		5,467,848	7,145,623	12,613,471			6,678,833			6,678,8
7 Enhanced SD/MC Net Reimb. (Children) 07/01/03 - 09/30/03		(2,183)	7,564	5,381				3,497		3,49
7A   10/01/03 - 06/30/04		22,925	21,290	44,216				28,740		28.7
8 Enhanced SD/MC Net Reimb. (Refugees)			2,551	2,551				2,551		2,55
9 Total SD/MC Reimbursement Before Excess FFP										11,771.24
Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC			******************	. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						11,771-2-
1 Total SD/MC Reimbursement (FFP)										11,771,24
2 Contract Limitation Adjustment										11,1/1,2
3 Adjusted Total SD/MC Reimbursement (FFP)										11,771,24
										<u> अवस्थानं स्वर्णन्त</u> ्र
Healthy Families Net Reimbursement 07/01/03 - 09/30/03			32,651	32,651				21,223		21,22
4A 10/01/03 - 06/30/04			77,347	77,347				50,275		50,27
Total Healthy Families Reimbursement Before Excess FFP										107,92
6 Amount Negotiated Rates Exceed Costs - Healthy Families										
7 Total Healthy Families Reimbursement										107,92